

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Terminal Cleaning Services, LLC PO Box 26014 Overland Park, KS 66225 (913) 302-2656		OMB No. 1545-0116 2021 Form 1099-NEC		Nonemployee Compensation	
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		1 Nonemployee compensation \$ [REDACTED]	
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
RECIPIENT'S name Alba A Munguia-Godinez A's Services LLC Street address (including apt. no.) 12204 E 49th Ter S City or town, state or province, country, and ZIP or foreign postal code Independence, MO 64055		3 [REDACTED]		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld \$ [REDACTED]			
Account number (see instructions)		5 State tax withheld \$ [REDACTED]			
		6 State/Payer's state no.		7 State income \$ [REDACTED]	

Form **1099-NEC** (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

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FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld \$ [REDACTED]			
Account number (see instructions)		5 State tax withheld \$ [REDACTED]			
		6 State/Payer's state no.		7 State income \$ [REDACTED]	

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As Services LLC
12204 E 49 Terrace S
Independence, MO 64055

OMB No. 1545-0116

2021

Form 1099-NEC

Nonemployee
Compensation

Copy 2

To be filed with
recipient's state
income tax
return, when
required

RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code

Andre Shimel Herring
Dancy
3212 Bellefontaine
Ave Kansas City MO 64130

Account number (see instructions)

1 Nonemployee compensation

\$ *4,067*

2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐

3

4 Federal income tax withheld

\$

5 State tax withheld

\$

\$

6 State/Payer's state no.

MO

001693537

7 State income

\$

\$

Form 1099-NEC

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

FORM # LNECRECST